

FILED
Jul 10, 2002 8:00 am
Secretary of State

05-24-2002 91354 001 *3,995.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000030044**

2. Entity Name

WESTGATE GENERAL FUNDING 2001-A, INC.

Principal Place of Business

135 W CENTRAL BLVD STE 1100
ORLANDO FL 32801

Mailing Address

135 W CENTRAL BLVD STE 1100
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

59-3706869

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARDER, MICHAEL

135 W CENTRAL BLVD STE 1100
ORLANDO FL 32801

Name

Michael Marder

135 W. Central Blvd. Suite 1100

Orlando, FL 32801

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SIEGEL, DAVID A 5801 WINDHOVER DRIVE ORLANDO FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DUGAN, THOMAS F 5801 WINDHOVER DRIVE ORLANDO FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JOHNSON, DOUGLAS K 6525 MORRISON BLVD., SUITE 318 CHARLOTTE NC 28211 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas F. Dugan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 *treasurer*
 Date

Daytime Phone #